

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

OCT 18

201 10-22-96  
INFORMATION

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification  
(Complete item C)

C. Installation's EPA ID Number

TXR0000017582

## II. Name of Installation (Include company and specific site name)

FREEMAN COCKERELL LABS

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2330 BUTLER SUITE 115

Street (Continued)

City or Town

DALLAS

State

Zip Code

TX

75235-

County Code

County Name

DALLAS

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

SULLIVAN

TINA

Job Title

Phone Number (Area Code and Number)

OFFICE MANAGER

214-638-2222

## VI. Installation Contact Address (See instructions)

A. Contact Address

B. Street or P.O. Box

2330 BUTLER STREET #115

City or Town

State

Zip Code

DALLAS

TX

75235-

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

CLAY J COCKERELL DBA FREEMAN-COCKERELL LABS.

Street, P.O. Box, or Route Number

2330 BUTLER STREET #115

City or Town

State

Zip Code

DALLAS

TX

75235-

Phone Number (Area Code and Number)

214-638-2222

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Yes

No

Month

Day

Year

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.
4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smaller Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications
2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)
- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace
3. Used Oil Transporter - Indicate Type(s) of Activity(ies)
- ☐ a. Transporter
- ☐ b. Transfer Facility
4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)
- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

## A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. Toxicity Characteristic (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s)) ☐

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
F003
7

2
8

3
9

4
10

5
11

6
12

## C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Dina M. Sullivan

Name and Official Title (Type or print)

Office Manager

Date Signed

9/16-96

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)